SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

APR 09

THOMSON

Filing Under (Check box(es) that apply):

[x] Rule 504 [ ] Rule 505 [ ] Rule 506 [ ] Section 4(6) [ ] ULOE

RECEIVED

APR 0 7 2004

158

Type of Filing: [X] New Filing [ ] Amendment

1. Enter the information requested about the issuer

## A. BASIC IDENTIFICATION DATA



Name of Issuer ([ ] check if this is an amendment and name has changed, and indiciate change.)

in issuer ([ ] check if this is an amendment and hanc has changed, and indiclate change.)

Jobbers Canyon, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

667 N. 66th Street, Omaha, NE 68132

402-556-5294

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

416 S. 12th Street, Omaha, NE 68102

To be determined

**Brief Description of Business** 

Restaurant/Tavern

Type of Business Organization

[ ] business trust

[ ] corporation [ ] limited partnership, already formed

[x] other (please specify): limited liability

[ ] limited partnership, to be formed

company



Month Year

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [N][E]	Actual or Estimated Date of Incorporation or Organization:	[0]8]	[0]3]	[X] Actual	[ ] Estimated	
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### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17. CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ x] Promoter [x] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner	
Full Name (Last name			,	
Simmons, IV,	G. Thomas			
Business or Residence	ce Address (Number and Street,	City, State, Zip Coo	le)	
667 N. 66th S	treet, Omaha, Nebraska 6	8132		

Check Box(es) that Apply:	[ <sup>X</sup> ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	Manager	
Full Name (Last name	first, if individual)				,	
Simmons, I	II, G. Thomas					
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)			
5334 E. Pai	radise Canyon Road, Para	adise Valley, AZ	85253			
Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[ ] Executive Officer		] General and/or Managing Partner		
Full Name (Last name	first, if individual)	Takan Takan sa mata da				
Donald Sat	iroff					
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)			,
1514 N. 14	3rd Street, Omaha, Nebr	aska 68154				
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner		
Full Name (Last name	first, if individual)					
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner		
Full Name (Last name	first, if individual)					
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)			
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Full Name (Last name	first, if individual)					
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)		**************************************	

					6	. INFOR	MATION	I ABOUT	OFFER	ING					
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Name of Associated Broker or Dealer

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4. a. Furnish a statement of all expenses in connection with the issuance

and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[X]\$ <u>500</u>
Legal Fees	X]\$4.500
Accounting Fees	[]\$0
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[]\$0
Other Expenses (identify)	[]\$ 0
Total	[x]\$5.000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

\$ 300,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Payments Directors, & To Affiliates Others
Salaries and fees	[]
Purchase of real estate	[] \$ \$
Purchase, rental or leasing and installation of machinery and equipment	[] [k] \$ 290,000
Construction or leasing of plant buildings and facilities	[] M \$ \$ 50,000
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$\$
Repayment of indebtedness	[] \$\$_
Working capital	[]
Other (specify):	[] \$\$
	[] \$\$_
Column Totals	[]
Total Payments Listed (column totals added)	[x] \$300,000

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

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Issuer (Print o	• • •	Signatur	e ·	Date		
	Canyon, LLC	D. Va	omas ohmo	note april 3	2004	
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G. Thom	as Simmons, III	Mana	iger			
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		E. STATE S	IGNATURE			
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<ol> <li>Is any party provisions of st</li> </ol>	described in 17 CFR 230.262	presently subject to	any of the disqualif	fication	Yes No	
rule?		••••••			[][]	
	See	e Appendix, Colum	n 5, for state respo	onse.		
	igned issuer hereby underta on Form D (17 CFR 239,5				e in which th	nis notice is
	igned issuer hereby underta he issuer to offerees.	ikes to furnish to th	e state administra	tors, upon writ	ten request,	information
the Uniform li	igned issuer represents that imited Offering Exemption g the availability of this ex	(ULOE) of the star	te in which this no	otice is filed an	d understand	is that the
	read this notification and labels		to be true and has	s duly caused th	us notice to	be signed on
Issuer (Print or	Type)	·····	Signature	Date		
•						
Name of Signe	r (Print or Type)	<del></del>	Title (Print or Type			
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Instruction:						
every notice o	e and title of the signing rep n Form D must be manuall ed copy or bear typed or pr	y signed. Any copi				
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APPENDIX

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	Intend to sell to non-accredited investors in State		o non-accredited offering price Type of investor and nvestors in State offered in state amount purchased in State					Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
	(Part B-I		(Part C-Item 1)	(Part C-Item 2)			(Part E-I	tem 1)		
				Number of		Number of				
State	Yes	No	-	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
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